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P392 -Outcomes of renal vasculitis over 20 years in a tertiary renal unit

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As a tertiary renal unit we cover a 2.2 million, mainly Caucasian population. A previous study from our unit, examined 10 years of outcomes from 1988-1998 for patients with renal vasculitis. We examined outcomes for patients presenting with acute renal vasculitis over the subsequent 20 year period, and adherence to EUVAS guidelines. As published interventional studies in this area often exclude the more elderly cohort that we see in our unit, we postulated that treatment and outcomes for vasculitis would be influenced by patient age, and that standard protocols for care may be less readily implemented in the elderly because of increased risk of investigation and treatment.

Patients who presented with acute renal vasculitis between 1998-2018 were identified from the local electronic database using 2 search strategies. Firstly, patients were extracted according to European Renal Association (ERA) coding. Secondly, a word search was performed throughout the database for relevant diagnostic terms. In addition, pathology reports of all patients who had a renal biopsy reported as a crescentic glomerulonephritis were obtained through a search of the histopathology database.

391 adult patients presented acutely with renal vasculitis during the study period. The majority (84%) were White British. The median age was 68 (17-90). 59% of patients were over 65. 55% were male. 68% of patients underwent diagnostic renal biopsy. There was no difference in the median age between the biopsied and non-biopsied group (68(17-90) vs 67(25-90). At the time of data collection, 44% of patients had died, with a median time to death of 37 months (0-243) and a median age at death of 76 years. 32% of patients had CKD, 2% were on HD, 0.5% on PD, 9% had recovered renal function, 5% were transplanted, 1% not recorded. 82% of patients were ANCA positive, of which 60% were pANCA positive. Mean serum creatinine at the time of diagnosis was 472+/-390. 60% of patients had comorbidities. Overall, 1 year survival was 87%, 5 year survival was 73%. Survival in older patients was significantly reduced ($R2=0.21$, $p<0.0001$). Oral cyclophosphamide was utilised in around half of patients (49.87%), however only 18% of those over 75 were prescribed cyclophosphamide. The incidence of vasculitis increased significantly throughout the period ($R2=0.3$, $p=0.02$), as did the mean age at diagnosis each year ($R2=0.48$, $p=0.0008$).

As expected, the majority of patients in this cohort were of White British origin. The median age in this cohort was around 10 years higher than in published clinical trial literature. Older patients had decreased survival times and although no less likely to undergo diagnostic biopsy, were less likely to receive maximum immunosuppressive treatment. The incidence of vasculitis is increasing, most likely due to an increased overall survival in the general population, coupled with increased treatment accessibility. Outcomes in our unit have improved markedly compared to our previous data (1 year survival at that time 68%), despite the increase in elderly and comorbid patients. Specific guidelines for the management of vasculitis in the elderly are lacking, and focussed research in this area is warranted.